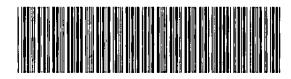
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Little F	riends at HAB, Inc.				
N18000009					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment at	nd fee are submitted f	or filing.			
Please return all correspondence concern	ning this matter to the	following:			
Chelsea Weise					
	(Name	of Contact Perso	n)		-
Little Friends at HAB, Inc.					
	(F	irn/ Company)	-	· <u>-</u>	
4001 Hendricks Ave.					
<u></u>		(Address)			
Jacksonville, FL 32207					
	(City/ !	State and Zip Cod	e)		
litttlefriends@habchurch.com					
E-mail addre	ss: (to be used for fut	ure annual report	notification)	
For further information concerning this	matter, please call:				
Chelsea Weise		90 at		610-3447	
(Name of C	ontact Person)			(Daytime Telephone ?	Number)
Enclosed is a check for the following an	nount made payable t	o the Florida Dep	artment of S	State:	
□ \$35 Filing Fee □\$43.75 Filing Fee □\$43.75 Certifies	ite of Status Cert (Add	75 Filing Fee & filed Copy litional copy is osed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street	Address		

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

		2
les of Amendment		
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of		
	PORATED	
	oown)	
·		
les, this <i>Florida Not Fo</i> l	<i>r Profit Corporation</i> add	opts the following
tion:		
		The new
ttion" or "incorporated	or the abbreviation "C	Corp." or "Inc."
N/A		
N/A		
	enter the name of the	
(Fle	orida street address)	
	, Florida _	
(City)	(Zip Co	ode)
d Agent: amiliar with and accept	the obligations of the po	sition.
	to s of Incorporation of DS AT HAB, INCOR Dept. of State) 00009228 per of Corporation (if kn es, this Florida Not Fo tion: n/A N/A N/A ice address in Florida, address:	to s of Incorporation of DS AT HAB, INCORPORATED Dept. of State) 00009228 Deer of Corporation (if known) The est this Florida Not For Profit Corporation addition: Ition: IN/A N/A N/A N/A Ince address in Florida, enter the name of the address: (Florida street address)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	Julie Carter	7250 Secret Woods Tr Jacksonville, FL 32216
 X Remove 2) X Change Add 	V	Amanda Reesc	2451 Sedgewick Pl Jacksonville, FL 32217
Remove 3) Change × Add Remove	<u>T</u>	John Mitchell	Jacksonville, FL 32224
4) Change Add	<u>s</u>	Caroline Welkley	6246 Maney Dr W Jacksonville, FL 32216
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or ad (attach additional so		articles, enter change(s) here:). (Be specific)	
N/A			

•		
		
		 _
		<u>,</u>
	05.05.20	
The date of each amendment(s) adoption date this document was signed.	: 05-05-20	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will r nt of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Dated	05-05-20
Duted	
Signatur	e Huir B. Mason
	(By the Mairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Juliette B. Mason
	Juliette B. Mason